



Organization: County District:
 Campus/Site: ESC Region:
 Vendor ID: School Year:

SAS#: RLISAAXX

<PR6600—Rural Low-income Schools (RLIS)>

Statutory Authority	Amendment #	Version #
Elementary and Secondary Education Act (ESEA), as amended. [Sections 5221-5225]		

Part 1: Organization Information

Organization Information

Organization Name

Mailing Address Line 1 **Mailing Address Line 2** **City** **State** **Zip Code**

Part 2: Applicant Contacts

Primary Contact **Select Contact:** [dropdown] **or** **Add New Contact**

First Name	Initial	Last Name	Title
Telephone	Ext.	E-Mail	

Secondary Contact **Select Contact:** [dropdown] **or** **Add New Contact**

First Name	Initial	Last Name	Title
Telephone	Ext.	E-Mail	

Part 3: Fund Sources and Program Activities Used to Achieve Goals

Help

Goal 1 - Increased Student Academic Achievement
 Goal 2 - Decreased Dropout Rate
 Goal 3 - Other

		Goal 1	Goal 2	Goal 3	Estimated Expenditure
1.	Title I, Part A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Title II, Part A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Title III	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Title IV, Part A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Parental Involvement Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Total	Total Expenditures:	
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Part 4: Additional LEA Data (optional) 1000 of 1000

[Empty text area for additional LEA data]

Part 5: Report Submission Authorization

Help

Certification and Incorporation Statement

I hereby certify that the information contained in this report is, to the best of my knowledge, correct and that the local education agency named above has authorized me as its representative to submit this data. I further certify that reported program activities were conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, the Provisions and Assurances, Debarment and Suspension, Lobbying Requirements, Special Provisions and Assurances, and the schedules of the approved application for funding.

Authorized Official **Select Contact:** [dropdown] **or** **Add New Contact**

First Name	Initial	Last Name	Title
Telephone	Ext.	E-Mail	

Submitter Information

First Name	Last Name	Approval ID	Submit Date and Time

Only the legally responsible party may submit this report

Certify and Submit